

[illegible]

INSTRUCTIONS FOR YELLOW COLORED CODED FORM

Form OR-1: Organization Report
Registration Fee \$105.00

WHO IS TO FILE FORM OR-1: Each entity performing operations within the jurisdiction of the Office of Conservation must file annually. A separate Form OR-1, and appropriate fee (if applicable), must be filed for each type of operation.

WHEN TO FILE FORM OR-1: Form OR-1 must be filed and be approved prior to initial date of operation by any entity with whom the Office of Conservation has jurisdiction or must be filed when the organization name, contact person, officer and/or any address listed on approved Form OR-1 is being changed. Initial filing shall be valid for the first calendar year.

Form OR-1 must be re-filed annually by the date specified. The Office of Conservation will provide a renewal notice by mailing a blank Form OR-1. Update any changes by entering them in the proper areas: where no changes occur, enter the word "SAME". SIGN and DATE the OR-1 and return to the Office of Conservation in Baton Rouge by the date required.

ADDRESS INSTRUCTIONS: Each name and address line is limited to 30 spaces in length. Each name is limited to one line while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.

SPECIFIC ITEMS ON FORM OR-1:

1. Check the proper block to show the purpose of filing.
2. Your permanent code number is assigned upon initial filing of your OR-1. If you change your organization name, a new number will be assigned, do not give your previously assigned OOC Code Number in this space (See No. 9).
3. Check proper block to show type of operation. **A separate Form OR-1 , and appropriate fee, must be filed for each type of operation.**
- 3a. Please indicate the Initial Date of Operation in Louisiana.
4. This is the official name of your organization as carried on Office of Conservation records. **ADDRESS, (A) ALONG WITH CONTACT PERSON FOR ORGANIZATION CORRESPONDENCE AND (B) AN EMERGENCY CONTACT, PHONE NUMBER, ETC ARE REQUIRED PURSUANT TO R.S. 30:4B. ALL OF THIS INFORMATION MUST BE PROVIDED.**
5. Address to which Production Audit reporting correspondence should be directed, the Contact Person , telephone number, fax number and e-mail address.
6. Check the appropriate plan of organization. Select one only.
7. List **ONLY** the **THREE** highest ranking officers of the organization and give their full legal name (**AGENTS NOT ACCEPTABLE**). Do not attach a listing of any others. The street address for each Officer **MUST** be different from that shown for the organization in No. 4. If plan of organization is an individual, only No. 1 under primary officer is to be completed and the address may be the same as shown in No. 4. **COMPANY'S FEDERAL TAX ID NUMBER MUST BE LISTED.** The information provided will be used solely for the administration and enforcement of the laws pertaining to the Office of Conservation.
8. Complete Page 2 as an option of organization address for Compliance Correspondence/Injection and Mining Correspondence. Otherwise, such correspondence will be directed to the address provided at No. 4. Each name and address line is limited to 30 spaces in length. Each name is limited to one line, while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.
9. If you have changed your organization name, give the previous name of the organization , as well as the previously assigned OOC Code Number.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL SHIRLEY WILKS OR LISA BABIN AT 225 342-5530.

RETURN TO:
DEPARTMENT OF NATURAL RESOURCES
OFFICE OF CONSERVATION
P.O. BOX 94008
BATON ROUGE, LA. 70804-9008

Office of Conservation (OOC) Code Number: _____

Organization Name: _____

(To be completed by Operators of Oil and Gas Wells and Oilfield Pits)

ADDRESS TO WHICH **COMPLIANCE CORRESPONDENCE** (Field, Form WH-1, Form Comp., Form Eng-16, Form P & A, Work Permit, Form AD, Directional Survey, Form DM 1-R, Form DT-1, etc) SHOULD BE DIRECTED:

CONTACT PERSON: _____
PHONE NUMBER: _____ / _____
AREA CODE NUMBER
FAX NUMBER: _____ / _____
AREA CODE NUMBER
E-MAIL ADDRESS: _____

(To be completed by Operators that possess a Class I, II, III and V Injection/Disposal Permit)

ADDRESS TO WHICH **INJECTION & MINING CORRESPONDENCE** SHOULD BE DIRECTED:

CONTACT PERSON: _____
PHONE NUMBER: _____ / _____
AREA CODE NUMBER
FAX NUMBER: _____ / _____
AREA CODE NUMBER
E-MAIL ADDRESS: _____

INSTRUCTIONS:

This form is to be filed **annually**. Each name and address line is limited to 30 spaces in length. Each name is limited to one line while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.